

FILED FEB 11 1942  
Registration District No. 268

Primary Registration District No. 3032

Registrar's No. 25

1. PLACE OF DEATH:

(a) County. Pettis  
(b) City or town. Sedalia  
(c) Name of hospital or institution: Quincy Apt  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. Life  
In this community. Life  
years, months or days

3. (a) PRINT FULL NAME Elizabeth Marie Hough

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Single

6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive. years

7. Birth date of deceased January 15 1878  
(Month) (Day) (Year)

8. AGE: Years 64 Months Days If less than one day  
hr. min.

9. Birthplace Sedalia Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

12. Name Michael Hough  
13. Birthplace Ireland  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Gaffney  
15. Birthplace Ireland  
(City, town, or county) (State or foreign country)

16. (a) Informant Margaret Hough

(b) Address Sedalia Mo

17. (a) Burial (b) Date thereof Jan 17 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director. McLaughlin Bros.

(b) Address Sedalia Mo

19. (a) Jan 17/42 (b) Mrs. Emma Burger  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pettis  
(c) City or town Sedalia  
(If outside city or town limits, write "RURAL")  
(d) Street No. Quincy Apt.  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 18-  
year 1942 hour 4 P.M. minute M.

21. I hereby certify that I attended the deceased from Jan 2-  
1942 to Jan 15-1942  
that I last saw her alive on Jan 15-  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Cerebral Hemorrhage  
apoplexy

Due to Anterior sclerotic  
Due to

Other conditions Ph. Myocarditis  
(Include pregnancy within 3 months of death)

Major findings: Of operations  
Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur?  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature Mrs. Emma Burger (M. D. or other)  
Address Sedalia Mo Date signed 1/17/42

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 2-10-42

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Robert H. Reed

Licensed Embalmer No. 3745

P. O. Address Sedalia Mo

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**